ART Centres in Karnataka

1262. SHRI K.B. KRISHNAMURTHY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many Anti Retroviral Treatment (ART) Centres for AIDS patients are located in Karnataka, so far;

(b) out of which, how many of them are in Bangalore;

(c) whether the National AIDS Control Organisation is funding ART in Karnataka;

(d) if so, the amount released, so far, during 2005-06 to Karnataka; and

(e) in view of great demand, whether there is any proposal to open more ART Centres in Karnataka?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) At present, there are four ART centres functional in the State of Karnataka. One is in Bowning Hospital, Bangalore. During 2005-06, Rs. 145.50 lakhs was released for providing ART in Karnataka under GFATM Round IV project. During 2006-2007, it is proposed to open eight more ART centres.

Trauma Centre in DR. R.M.L. Hospital

†1263. SHRIMATI MAYA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that target of completion of the Trauma Centre in Dr. R.M.L. Hospital and make it operational was 2004, while it is till under construction;

(b) if so, the reasons for not achieving the said target; and

(c) by when the construction of the same would likely to be completed and make it operational?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) Yes Sir. There was delay in starting the construction due to the under-ground cables, which were to be shifted by NDMC. The building is now almost complete and only some

† Original notice of the question was received in Hindi.

minor alterations are being carried out. CPWD has informed that the building will be ready for occupation for starting of Trauma Centre by 15.03.2006

New Health Schemes for Poor

1264. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether new health schemes have been introduced for the benefit of the poorer sections of the society during the last two years;

(b) if so, the details therof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) In order to improve the existing healthcare delivery system and make healthcare accessible and affordable to the poorer and vulnerable sections of society particularly in the rural areas, a National Rural Health Mission was launched in April, 2005. This mission seeks to provide effective healthcare to rural population throughout the country with special focus on 18 States with poor health indicators and weak health infrastructure. Under the strategy of NRHM, the gaps in the existing scenario of rural healthcare is to be addressed through 2.5 lakh Accredited Social Health Activists (ASHA) to assist the Anganwadi Worker and ANM at village level to make the increased health services accessible to the rural people of the country. It is also proposed to upgrade CHCs to the level of India Public Health Standards (IPHS). NRHM has been launched for a period of 7 years (2005-2012) i.e. for two years of Tenth Plan and full Eleventh Plan.

A World Bank assisted Integrated Disease Surveillance Project was launched in the year 2004-05 to strengthen capacity of all the States/ UTs for Disease Surveillance. The Project aims to strengthen public health laboratory services, train personnel and use information technology in surveillance. Early detection and timely response to outbreaks is expected to reduce spread of diseases in the population including poorer section of the society.

Under the National AIDS Control Programme, the scheme to provide free ART to poor patients was initiated by the Government from April, 2004. The scheme is being implemented in 52 health institutions of the country in 19 States and a total of 23,784 patients are getting free ARVs.